

Please write clearly, with names and addresses in BLOCK CAPITALS

## 1 Programme of study:

**Start date**

Month

Year

Full-time

Part-time

Distance-learning

## 2 Applicant's details:

**Title** Mr  Mrs  Miss  Ms  Dr  Other (please specify)

**Surname**

**Other names**

**Gender (tick one)**

Male

Female

**Date of birth**

Day

Month

Year

**Permanent home address**

**Postcode**

**Telephone**

**Mobile**

**Email**

**Address for correspondence (if different from above)**

**Postcode**

**Agent's reference number**

**To be used until**

Unless other instructions are given, subsequent correspondence will be sent to the permanent home address

**Telephone**

**Mobile**

**Email**

**Nationality**

**Country of birth**

**Country of permanent residence**

**Applicants not born in the United Kingdom please state date of last entry to the UK**

Day

Month

Year

## 3 Fees/sponsorship:

**Who is expected to pay fees?**

Applicant

Local Education Authority

Research Council

Employer

Sponsor/Parent/Guardian

Other (please specify)

**Name and address to which fee invoice is to be sent (if other than applicant)**

If your attendance at the University will be conditional upon the agreement of your employer, please tick

#### 4 Education: school since the age of 11 (This section does not need completing)

Schools attended	Date started	Date finished	Examinations taken and qualifications obtained	Grade	Date

#### Education: since the age of 16 (Please include first degree and any postgraduate qualifications)

Institutions attended	Date started	Date finished	Examinations taken and qualifications obtained	Grade	Date
			Examinations to be taken/with results pending (give subject and qualification)	Grade	Date

#### 5 Employment experience

**Present position**  **Date of appointment**

**Workplace address**

**Telephone**

**Name and address of employing body (if different from above)**

**Telephone**

**Details of previous posts held**

	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 6 References (This section does not need completing)

**Name**  **Position**

**Address**

**Telephone**  **Email**

**Second referee**

**Name**  **Position**

**Address**

**Telephone**  **Email**

## 7 Supporting statement (This section does not need completing)

Why do you wish to study this course? (Please use additional paper if necessary)

## 8 English language proficiency (GPhC registration is evidence of English proficiency)

What is your first language?

If your first language is not English, please give your IELTS score  or

TOEFL score  (if applicable)

If you have not taken an English test yet, what date do you plan to take it? Day  Month

Year

What other English language qualifications do you hold?

How many years have you studied English language?

Have you been taught in English in your home country? Yes  No  If yes, please give details

## 9 Disability

Please circle from the list below the statement which is most appropriate to you:

- 000 You do not have a disability, nor are you aware of any additional support requirements
- 010 You have dyslexia
- 020 You are blind/partially sighted
- 030 You are deaf/have a hearing impairment
- 040 You are wheelchair user/have mobility difficulties
- 070 You have an unseen disability (eg diabetes, epilepsy, asthma)
- 080 You have two or more of the above difficulties/special needs
- 090 You have a disability not listed above (please give details on a separate sheet)

Does your disability mean that you have additional support needs? Yes  No

If yes, we will contact you to determine appropriate support for you.

**Tear off slip**

**Application ref no:**

**Planning statistics**

Ethnic origin (please note that this information WILL NOT be made available to Admissions Tutors for selection purposes)

Complete this section only if you have shown in Section 2 of the form that your area of permanent residence is in the UK.

Please choose your ethnic origin and write its code in the boxes.

 

**White**

British	11
Irish	12
Other white background	19

**Black or black British**

Caribbean	21
African	22
Other black background	29

**Asian or Asian British**

Indian	31
Pakistani	32
Bangladeshi	33
Chinese	34
Other Asian background	39

**Mixed**

White and black Caribbean	41
White and black African	42
White and Asian	43
Other mixed background	49

Other ethnic background	80
Not given (UK domicile)	90
Overseas domicile	99

## 11 Market research

In order to assist us to market our courses more effectively, could you please specify how you came to hear of our course? Please tick one box.

Prospectus  TV advert  Careers office  Careers fair  Radio advert   
Own initiative  Press advert  Other (please specify)

## 13 Declaration

I declare that, to the best of my knowledge, the information I have given above is correct in every detail. If enrolled, I agree to abide by the regulations in force at the time.

Applicant's signature  Date

The completed application form should be returned to:

**The Academic Registrar, De Montfort University, The Gateway, Leicester LE1 9BH**

Checklist for additional information to send with your form or as soon as possible afterwards:

Supplementary Information Request form  Certificates and/or transcripts of your academic qualifications  
 Reference  Other